

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|----------|---------|
| FEE DETERMINATION | <i>BA</i> | 7038 | |
| O.I.P.E. CLASSIFIER | | 15 11500 | |
| FORMALITY REVIEW | <i>BA</i> | 71423 | 6-16-00 |
| RESPONSE FORMALITY REVIEW | <i>BA</i> | 71423 | 7-20-00 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Not affected
 I Inference
 A Appeal
 O Objected

BEST AVAILABLE COPY

| Claim | Date |
|----------|--------|
| Final | |
| Original | |
| 1 | 6/5/00 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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